

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25103

State File No. 3466

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place township) <p align="center">64 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">General Hospital #2</p>		d. STREET ADDRESS <p align="center">2215 Flora Avenue</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">A Franklin</p>			b. (Middle) <p align="center">Radford</p>			c. (Last) <p align="center">Radford</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">7 8 1953</p>		
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5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">Col.</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>		8. DATE OF BIRTH <p align="center">Oct. 20, 1889</p>		9. AGE (In years last birthday) <p align="center">63</p>		10. IF UNDER 1 YEAR (Months) (Days)		11. IF UNDER 24 HRS. (Hours) (Min.)	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Doctor</p>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Kansas City, Missouri</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		
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13a. FATHER'S NAME <p align="center">Horace Radford</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Susie Betwa LEWIS</p>			14. NAME OF HUSBAND OR WIFE <p align="center">Sarah Radford</p>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">—</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Joseph Radford</p>		ADDRESS <p align="center">1900 E. 11th St.</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Terminal Broncho pneumonia</p>			DUPLICATE (b) <p align="center">Generalized Arteriosclerosis</p>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUPLICATE (c) <p align="center">Old Cerebral Vascular Accident of Left side.</p>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 7-7-53, 1953, to 7-8-53, 1953, that I last saw the deceased alive on 7-8-53, 1953, and that death occurred at 9:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">E. Frank Ellis</p>			(Degree or title) <p align="center">M.D.</p>			23b. ADDRESS <p align="center">600 East 22nd Street</p>			23c. DATE SIGNED <p align="center">7-10-53</p>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">7/11/53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Highland Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>					
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DATE REC'D BY LOCAL REG. <p align="center">7-11-53</p>		REGISTRAR'S SIGNATURE <p align="center">Seraldine Smith</p>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Walter H. ... 18th St. ...</p>					
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Bruce H. Watkins*

Licensed Embalmer No. *4590*

P. O. Address *1000 Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.